ARI CONTROL PROGRAMME

ARI (Acute Respiratory Infection) control programme was taken up as pilot project in fourteen districts in the country in 1990. From 1992, this programme was implemented as a part of CSSM programme.

Aims

1. To reduce mortality rate in children due to ARI by 20% by the year 1995 and 40% by AD 2000.

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2. To reduce number of cases needing hospital admission.
3. To avoid delay in the treatment of cases needing hospitalisation.

Strategies

1. Ensure standard case management for pneumonia in under 5 years age group (by training of medical and paramedical personnel).
2. Educating the mothers in early recognition of fast and difficult breathing (important sign of pneumonia) and seeking referral.
3. Train peripheral health staff to recognize and treat pneumonia.
4. Timely referral of serious pneumonia cases by health staff.
5. Improvement of maternal knowledge of ARI (i.e., treatment of minor cases and diagnosis of serious cases).
6. Promote immunization (mainly for measles).
7. Exclusive breast feeding for first 4–6 months.
8. Proper weaning.
9. Vitamin A prophylaxis.
10. Reduce inappropriate use of antibiotics in treating ARI other than pneumonia.

Role of Health Education in Prevention of ARI

The main objective of health education programme was to make people to recognise mild, moderate, severe pneumonia cases, early referral of severe cases to PHCs and importance of immunization.

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Preventive Measures

1. Reduction of malnutrition in children.
2. Promotion of breast feeding.
3. Reduction of LBW (low birth weight) in children.
4. Reduction of indoor smoke exposure.
5. Strengthening of immunisation services.

Implementation of ARI Programme

The programme is being implemented in a phased manner. Initially it began in a few districts, then it was expanded to all districts of the country. Major input in the programme will be in the form of drugs in order to treat all the moderate and severe cases. The commonly advised drug is co-trimoxazole paediatric tablets.

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